

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527866

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
✓52			e			
✓53						
✓54						
✓55			e			
56						
57						
58						
59						
60						
✓61			e			
62						
63						
✓64			e			
✓65						
✓66			e			
✓67						
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70						
71						
✓72			e			
✓73						
✓74			e			
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100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	61	←		←
TOTAL CLAIMS			62			